DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

MA0004073 003-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 01/31/2013 01/01/2013

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E) NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	O	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	73.55	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3.5	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.81	*****	6.81	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEPI	HONE	DATE
Michael Glinski/ Director of Regulatory Affairs	ry gather and evaluate the limiting manufacture. Lossed only inquiry or the persons of persons almage the system, or those persons directly responsible for gathering the information, the ation submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am that there are significant penalties for submitting false information, including the possibility of ad imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)74)2/15/2013	
TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

003-A

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

PERMIT NUMBER

MONITORING PERIOD

MM/DD/YYYY

02/01/2013

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

02/28/2013

MA0004073

DMR Mailing ZIP CODE:

CODE: 02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	O	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	74.5	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.5	5	MGD	*****	*****	****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	****	*****	7.9	*****	7.9	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Scott Chatlin/ President	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of SIC	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)74	5-4284)3/15/2013
TYPED OR PRINTED	fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169 ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073 001-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 03/31/2013 01/01/2013

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E) STORMWATER External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	1G	C	UALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	>= .0072	>= .0072	MGD	*****	****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
рН	SAMPLE MEASUREMENT	****	****	*****	6.56	*****	6.56	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	0	*****	0	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	1.2	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	.099	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	HONE	DATE
Coott onatinii i roolaonii ozo	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)74	5-4284)4/05/2013
TYPED OR PRINTED	ente and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

QUARTERLY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
03/01/2013	03/31/2013

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	O	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	77.76	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	<= 3.5	< 5	MGD	*****	*****	****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	****	*****	8	*****	8	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	HONE	DATE
Monager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)74)7/15/2013	
TYPED OR PRINTED	ane and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

	MA0004073	Г	003-A
	PERMIT NUMBER		DISCHARGE NUMBER
ĺ	MONIT	ORI	NG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	04/01/2013	7	04/30/2013

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	75.66	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3.5	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	****	*****	7.3	*****	7.3	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Scott Chatlin/ President, CEO	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)74	5-4284)5/13/2013
TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

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FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	O	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	83	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3.5	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.12	*****	7.12	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)74	5-4284)6/14/2013
TYPED OR PRINTED	ente and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
04/01/2013	06/30/2013

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E) STORMWATER External Outfall

No Discharge

		QUAN	NTITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	< .0072	< .0216	MGD	*****	****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Quarterly	Estimate
рН	SAMPLE MEASUREMENT	****	*****	*****	6.8	****	6.8	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	9	****	9	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	1.9	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	.288	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

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Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)74)8/15/2013	
TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

QUARTERLY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	79.2	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	5	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
Н	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.9	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)74)7/15/2013	
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

E: 02169

J

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	83.81	deg F		24 per Hour	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	<= 3.5	<= 5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
Н	SAMPLE MEASUREMENT	*****	*****	*****	8	*****	8	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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	Monager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)74	5-4284)8/15/2013
ĺ	TYPED OR PRINTED	and improdument to knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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LOCATION: 780 WASHINGTON ST

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DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	80.32	deg F		24 per Hour	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	4	5	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.2	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)74)9/12/2013	
TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TRT will conduct relining work during its annual 2013 maintenance shutdown.

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

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FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

MA0004073 001-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 09/30/2013 07/01/2013

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

STORMWATER External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAI	NTITY OR LOADIN	NG		UALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	.0072	.0072	MGD	*****	*****	****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	****	*****		Quarterly	Estimate
рН	SAMPLE MEASUREMENT	*****	****	*****	7.4	****	7.4	SU			
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	13	****	13	mg/L			
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****	****	0	mg/L			
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	18	mg/L			
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	.373	mg/L			
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or person who manage the system, or those persons directly responsible for qathering the information, the		Michael Glinski	TELEPI	DATE	
Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)74	5-4284	10/30/2013
TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Due to the government shutdown this report was not submitted by the 10/15 due date

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

Effluent Gross

00400 1 0

Effluent Gross

Ha

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

QUINCY, MA 02169

С

MO AVG

DAILY MX

7.6

6.5

MINIMUM

7.6

8.5

MAXIMUM

DMR Mailing ZIP CODE:

02169

Monthly

Monthly

Grab

Grab

MINOR (SUBR E)

NON-CONTACT COOLING

SU

SU

External Outfall

No Discharge

QUANTITY OR LOADING QUALITY OR CONCENTRATION NO. FREQUENCY SAMPLE OF ANALYSIS EX TYPE **PARAMETER VALUE** UNITS VALUE UNITS VALUE VALUE VALUE SAMPLE Temperature, water deg. fahrenheit 82.56 deg F Monthly Recorder MEASUREMENT (auto) PERMIT ***** ***** ***** ***** ***** 00011 1 0 87 deg F Continuous Recorder REQUIREMENT **Effluent Gross** DAILY MX (auto) SAMPLE ***** ***** ***** Flow rate <= 5 MGD Estimate < = 4Monthly MEASUREMENT ***** ***** ***** ***** 00056 1 0 **PERMIT** 5 5 MGD Monthly Estimate

	Crittle PRINCIPAL EXECUTIVE OFFICER direction or supervision in accordance with a system designed to assure that qualified personnel or supervision in accordance with a system designed to assure that qualified personnel or supervision in accordance with a system designed to assure that qualified personnel or supervision in accordance with a system designed to assure that qualified personnel or supervision in accordance with a system designed to assure that qualified personnel or supervision in accordance with a system designed to assure that qualified personnel or supervision in accordance with a system designed to assure that qualified personnel or supervision in accordance with a system designed to assure that qualified personnel or supervision in accordance with a system designed to assure that qualified personnel or supervision in accordance with a system designed to assure that qualified personnel or supervision in accordance with a system designed to assure that qualified personnel or supervision in accordance with a system designed to assure that qualified personnel or supervision in accordance with a system designed to assure that qualified personnel or supervision in accordance with a system designed to assure that qualified personnel or supervision in accordance with a system designed to assure that qualified personnel or supervision in accordance with a system designed to assure that qualified personnel or supervision in accordance with a system designed to assure that qualified personnel or supervision in accordance with a system designed to assure that qualified personnel or supervision in accordance with a system designed to assure that qualified personnel or supervision in accordance with a system designed to assure that qualified personnel or supervision in accordance with a system designed to assure that qualified personnel or supervision in accordance with a system designed to assure that qualified personnel or supervision in accordance with a system designed to assure that qualified personnel		TELEP	DATE	
Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)745-4284		10/30/2013
TYPED OR PRINTED	and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REQUIREMENT

SAMPLE

MEASUREMENT PERMIT

REQUIREMENT

This report was not filed by the 10/15 due date due to the government shutdown.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	O	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	82.03	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	<= 4	<= 5	MGD	*****	*****	****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	****	*****	7.26	*****	7.26	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	HONE	DATE
Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)74	5-4284	11/15/2013
TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street QUINCY, MA 02169

TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

FACILITY:

QUINCY, MA 02169

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	O	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	70.63	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.86	*****	6.86	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	HONE	DATE
Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)745-4284		12/16/2013
TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street QUINCY, MA 02169

LOCATION: 780 WASHINGTON ST

FACILITY:

QUINCY, MA 02169

MA0004073 001-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/31/2013 10/01/2013

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E) STORMWATER External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAI	NTITY OR LOADIN	NG	C	UALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	.0014	.0144	MGD	*****	*****	****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	****	*****		Quarterly	Estimate
рН	SAMPLE MEASUREMENT	****	*****	*****	7.49	****	7.49	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	NODI E	****	NODI E				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI E				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	37	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	.166	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	HONE	DATE
Michael Glinski/ Regulatory Affairs	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)745-4284)2/14/2014
TYPED OR PRINTED	ane and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00530 Sample volumes collected for analysis were not sufficient 00566 Sample volumes collected for analysis were not sufficient

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	64.81	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.5	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	****	*****	8	*****	8	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	HONE	DATE
Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)745-4284)1/14/2014
TYPED OR PRINTED	pine and imprisorment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	O	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	61.65	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
Н	SAMPLE MEASUREMENT	*****	****	*****	7.24	*****	7.24	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel evroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	HONE	DATE
	Monager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)74	5-4284)2/14/2014
į	TYPED OR PRINTED	ame and imprisorment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	O	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	84.29	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	.00016	.0144	MGD	*****	*****	****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	****	*****	7.18	*****	7.18	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified person or persons of the person or persons.	Michael Glinski	TELEP	DATE	
Michael Glinski/ Regulatory Affairs Manager	information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)74	5-4284)3/12/2014
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

Г	MA0004073		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	OF	RING PERIOD
	MONIT MM/DD/YYYY	OF	RING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E) STORMWATER

External Outfall

No Discharge

		QUAN	NTITY OR LOADIN	IG	c	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	.0048	.0144	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
рН	SAMPLE MEASUREMENT	****	****	*****	7.7	****	7.7	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	0	*****	0	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	3.7	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.11	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	HONE	DATE
Manager -	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)74	5-4284)4/03/2014
TYPED OR PRINTED	and improdument of knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TSS was below detection limits but is represented by "0"FOG was below detection limits but is represented by "0"

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street QUINCY, MA 02169

TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

FACILITY:

QUINCY, MA 02169

MA0004073 003-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 03/01/2014 03/31/2014

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	O	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	81.66	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.5	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.2	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified person or persons the property active and evaluate the information submitted. Based on puriously of the person or persons	Michael Glinski	TELEP	DATE	
Michael Glinski/ Regulatory Affairs	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of line and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)74	5-4284)4/03/2014
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	81.3	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3.5	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.49	*****	7.49	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel peroperly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEPI	HONE	DATE
	Michael Glinski/ Regulatory Affairs	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)74	5-4284)5/15/2014
į	TYPED OR PRINTED	ane and imprisonment of knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	82.6	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3	5	MGD	*****	*****	****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.79	*****	6.79	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	DATE	
Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)74	5-4284)6/13/2014
TYPED OR PRINTED	and improviment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E) STORMWATER

External Outfall

Na Diashass

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	·	TYPE
Flow rate	SAMPLE MEASUREMENT	.000079	.0144	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	*****	*****		Quarterly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.9	****	7.9	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	16	****	16	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	2.3	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.1769	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel veroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	HONE	DATE
Michael Glinski/ Regulatory Affairs	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)74)7/14/2014	
TYPED OR PRINTED	ance and improdument of knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

QUARTERLY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street QUINCY, MA 02169

TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

FACILITY:

QUINCY, MA 02169

MA0004073 003-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 06/01/2014 06/30/2014

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	82.6	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3.5	5	MGD	*****	*****	****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.44	*****	7.44	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel wroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	DATE	
Monager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)74	5-4284)7/14/2014
TYPED OR PRINTED	pine and imprisorment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

ilg zir cobe.

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	C	DUALITY OR CON	CENTRATION	_	NO. FREQUENCY		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	****	****	81.74	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	4	5	MGD	*****	****	****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	****	****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.9	****	7.9	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEPI	DATE	
Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)74)8/14/2014	
TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

MA0004073 003-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 08/01/2014 08/31/2014

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	84.93	deg F		60 per Hour	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3.5	5	MGD	*****	*****	****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.2	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or personal property gather and evaluate the information submitted.		Michael Glinski	TELEP	HONE	DATE
	Monager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)74	5-4284)9/15/2014
į	TYPED OR PRINTED	fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E) STORMWATER

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAI	NTITY OR LOADIN	NG	C	UALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	.0086	.01	MGD	*****	*****	****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	****	*****		Quarterly	Estimate
рН	SAMPLE MEASUREMENT	****	****	*****	7.17	****	7.17	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	20	****	20	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****	****	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	3	mg/L		Monthly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	.182	mg/L		Monthly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEPI	DATE	
Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)74	10/15/2014	
TYPED OR PRINTED	ente and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

QUARTERLY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	82.52	deg F		60 per Hour	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3.5	5	MGD	*****	*****	****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.75	*****	7.75	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	DATE	
Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)74	10/15/2014	
TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

02169

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

 MA0004073
 003-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 10/01/2014
 MM/DD/YYYY

 10/31/2014
 10/31/2014

DMR Mailing ZIP CODE:

IP CODE:

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	81.69	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3.5	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.82	*****	7.82	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	DATE	
Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)74	11/24/2014	
TYPED OR PRINTED	ente and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street QUINCY, MA 02169

TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

FACILITY:

QUINCY, MA 02169

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	65.69	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3.5	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
Н	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.4	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	HONE	DATE
Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)74	5-4284	12/15/2014
TYPED OR PRINTED	and improviment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST QUINCY, MA 02169

MA0004073 001-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/01/2014 12/31/2014

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E) STORMWATER External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAI	NTITY OR LOADIN	lG	0	UALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	.0144	.00288	MGD	*****	*****	****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	****	*****		Quarterly	Estimate
рН	SAMPLE MEASUREMENT	****	****	*****	7.69	****	7.69	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	16	****	16	mg/L		Quarterly	10 Grabs
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****	****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	1.4	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	.1292	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

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Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of Life and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)74)1/13/2015	
TYPED OR PRINTED	and and imprisonment for knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

QUARTERLY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	64.11	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3.5	5	MGD	*****	*****	****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.24	*****	7.24	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of Life and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)74)1/13/2015	
TYPED OR PRINTED	and and imprisonment for knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	52.16	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.2	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)74)2/11/2015	
TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	38.4	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3.5	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.36	*****	7.36	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)74	5-4284)3/12/2015
TYPED OR PRINTED	and and improdument for knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

QUINCY, MA 02169

MA0004073 001-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 03/31/2015 01/01/2015

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E) STORMWATER

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	NG	C	QUALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	.00144	.0288	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
рН	SAMPLE MEASUREMENT	*****	****	****	6.73	*****	6.73	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	0	*****	0	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.2	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	.0834	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

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Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)745-4284)4/13/2015
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

QUARTERLY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

02169

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street QUINCY, MA 02169

TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

FACILITY:

QUINCY, MA 02169

MA0004073 003-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 03/31/2015 03/01/2015

DMR Mailing ZIP CODE:

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO.	FREQUENCY	SAMPLE			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	58.63	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3.5	5	MGD	*****	*****	****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.17	*****	7.17	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)745-4284)4/13/2015
TYPED OR PRINTED	and impressment of normy floaters.		AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	70.17	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.5	5	MGD	*****	*****	*****	*****		Monthly	Grab
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	****	*****	7.17	*****	7.17	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	HONE	DATE
Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)74)5/11/2015	
TYPED OR PRINTED	ane and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	91.96	deg F	1	Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3	5	MGD	*****	*****	****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.39	*****	7.39	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

ļ		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	HONE	DATE
	Monager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)745-4284)6/12/2015
Ī	TYPED OR PRINTED	and and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

On May 10, 11, 12 the temperatures read over the temperature threshold due to a probe failure and related maintenance activities. Also, the unit was down on 5/16 and 5/27-31 due to power failures and outages. All other discharges for the month remained under the 87F threshold.

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E) STORMWATER

External Outfall

No Discharge

		QUAN	NTITY OR LOADIN	IG	C	DUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	.0072	.0144	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
рН	SAMPLE MEASUREMENT	****	****	*****	7.5	****	7.5	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	0	*****	0	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	3	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	.0912	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

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Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)74	5-4284)7/15/2015
TYPED OR PRINTED	инс ана търгооттенстог кномпу човатого.	AUTHORIZED AGENT		NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street QUINCY, MA 02169

TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

FACILITY:

QUINCY, MA 02169

MA0004073 003-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 06/30/2015 06/01/2015

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	83.75	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.5	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.39	*****	7.39	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	HONE	DATE
Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)74	5-4284)7/15/2015
TYPED OR PRINTED	pine and imprisorment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	O	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE UNITS VALU		VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	****	85.63	deg F		See Comments	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	4	5	MGD	*****	****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	****	****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	****	*****	7.9	****	7.9	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)74	5-4284)8/14/2015
TYPED OR PRINTED	ente and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

From 7/28 - 7/31 Temperature probes a the discharge location were replaced. During the replacement and testing process the temperature readings cycled to 170F but actual discharge temperatures never exceeded discharge limits.

DISCHARGE MONITORING REPORT (DMR)

003-A

MM/DD/YYYY

08/31/2015

Form Approved OMB No. 2040-0004

02169

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY 08/01/2015

MA0004073

DMR Mailing ZIP CODE:

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	84.93	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3.5	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
Н	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	6.8	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)74)9/15/2015	
TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073 001-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 09/30/2015 07/01/2015

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E) STORMWATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	.0000025	.00001	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
рН	SAMPLE MEASUREMENT	****	****	*****	7.1	****	7.1	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	0	*****	0	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	.37	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	****	.1399	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEPI	DATE	
Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)74	10/12/2015	
TYPED OR PRINTED	and imprisonment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

MA0004073 003-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 09/30/2015 09/01/2015

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	80.5	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.5	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.48	*****	7.48	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	HONE	DATE
Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)74	10/12/2015	
TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code N	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street QUINCY, MA 02169

TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

FACILITY:

QUINCY, MA 02169

MA0004073 003-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/31/2015 10/01/2015

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	76.38	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.55	*****	7.55	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel peroperly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	HONE	DATE
	Monager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)745-4284		11/17/2015
ĺ	TYPED OR PRINTED	ane and improdument of knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	76.8	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.5	5	MGD	*****	*****	****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.55	*****	7.55	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)74	12/29/2015	
TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	MM/DD/YYYY	

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073 001-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/31/2015 10/01/2015

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E) STORMWATER External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	NG	c	DUALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	.000015	.00002	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.53	*****	7.53	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	7.6	*****	7.6	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	****	*****	****	*****	.38	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	.0954	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

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Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)74)1/14/2016	
TYPED OR PRINTED	ente and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street **QUINCY, MA 02169**

TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

FACILITY:

Effluent Gross

00400 1 0

Effluent Gross

Ha

QUINCY, MA 02169

MA0004073 003-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/31/2015 12/01/2015

7.81

6.5

MINIMUM

7.81

8.5

MAXIMUM

DMR Mailing ZIP CODE:

02169

Monthly

Monthly

Grab

Grab

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

SU

SU

No Discharge

QUANTITY OR LOADING QUALITY OR CONCENTRATION NO. FREQUENCY SAMPLE OF ANALYSIS EX TYPE **PARAMETER VALUE** UNITS VALUE UNITS VALUE VALUE VALUE SAMPLE Temperature, water deg. fahrenheit 79.6 deg F Continuous Recorder MEASUREMENT (auto) PERMIT ***** ***** ***** ***** ***** 00011 1 0 87 deg F Continuous Recorder REQUIREMENT **Effluent Gross** DAILY MX (auto) SAMPLE ***** ***** ***** ***** 3 5 MGD Monthly Estimate Flow rate MEASUREMENT ***** ***** ***** ***** 00056 1 0 **PERMIT** 5 5 MGD Monthly Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel wroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	DATE
Monager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of Life and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)74)1/14/2016
TYPED OR PRINTED	pine and imprisorment for knowing violations.	AUTHORIZED AGENT	AREA Code	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REQUIREMENT

SAMPLE

MEASUREMENT PERMIT

REQUIREMENT

MO AVG

DAILY MX

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street QUINCY, MA 02169

TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

FACILITY:

QUINCY, MA 02169

MA0004073 003-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 01/31/2016 01/01/2016

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	O	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	78.34	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3	5	MGD	*****	*****	****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.21	*****	7.21	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	HONE	DATE
Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)74	5-4284)2/11/2016
TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street **QUINCY, MA 02169**

TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

FACILITY:

QUINCY, MA 02169

MA0004073 003-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 02/01/2016 02/29/2016

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

QUANTITY OR LOADING QUALITY OR CONCENTRATION NO. FREQUENCY SAMPLE OF ANALYSIS EX TYPE **PARAMETER VALUE** UNITS VALUE UNITS VALUE VALUE VALUE SAMPLE Temperature, water deg. fahrenheit 79.02 deg F Continuous Recorder MEASUREMENT (auto) PERMIT ***** ***** ***** ***** ***** 00011 1 0 87 deg F Continuous Recorder REQUIREMENT **Effluent Gross** DAILY MX (auto) SAMPLE ***** ***** ***** ***** 3 5 MGD Monthly Estimate Flow rate MEASUREMENT ***** ***** ***** ***** 00056 1 0 **PERMIT** 5 5 MGD Monthly Estimate REQUIREMENT **Effluent Gross** MO AVG DAILY MX ***** SAMPLE ***** Ha 7.43 7.43 SU Monthly Grab MEASUREMENT ***** ***** ***** ***** **PERMIT** 00400 1 0 6.5 8.5 SU Monthly Grab REQUIREMENT **MINIMUM MAXIMUM** Effluent Gross

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	HONE	DATE
Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am a law that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)74	5-4284)3/15/2016
TYPED OR PRINTED	and improviment or thorning violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

02169

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073 001-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 03/31/2016 01/01/2016

DMR Mailing ZIP CODE:

(SUBR E) STORMWATER External Outfall

MINOR

No Discharge

		QUAN	NTITY OR LOADIN	lG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	.00144	.0288	MGD	*****	*****	****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Quarterly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.2	****	7.2	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	0	****	0	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.4	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	****	****	.152	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	HONE	DATE
Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)74	5-4284)4/15/2016
TYPED OR PRINTED	ente and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	81.41	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.17	*****	7.17	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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	Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)74	5-4284)4/15/2016
Ĺ	TYPED OR PRINTED	une and imprisorment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	82.15	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3.5	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.52	*****	7.52	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am a law that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)74	5-4284)5/17/2016
TYPED OR PRINTED	and improviment or thorning violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	77.51	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3.5	5	MGD	*****	*****	****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.55	*****	7.55	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)74	5-4284)6/15/2016
TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	06/30/2016

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E) STORMWATER External Outfall

No Discharge

		QUAN	NTITY OR LOADIN	1G	o c	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	.0072	.0216	MGD	*****	****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	*****	*****		Quarterly	Estimate
рН	SAMPLE MEASUREMENT	****	****	*****	7.6	****	7.6	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	0	****	0	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****	****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	.41	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	****	****	.0841	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

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Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)745-4284)7/14/2016
TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	O	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	79.76	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3.5	5	MGD	*****	*****	****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	****	*****	7.4	*****	7.4	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)74	5-4284)7/14/2016
TYPED OR PRINTED	pine and imprisorment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

003-A

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

MA0004073

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	O	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	81.59	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	4	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.19	*****	7.19	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)745-4284)8/15/2016
TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

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FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	82.46	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.5	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.35	*****	7.35	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

L		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel wroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEPI	HONE	DATE
	Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)74	5-4284)9/14/2016
Ĺ	TYPED OR PRINTED	une and imprisonment for Knowing Violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
07/01/2016	09/30/2016

DMR Mailing ZIP CODE:

ZIP CODE: 02169

MINOR (SUBR E) STORMWATER

External Outfall

.. .. .

No Discharge

		QUAI	NTITY OR LOADIN	NG	C	DUALITY OR CON	ICENTRATION		∐ NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	< .0028	.004	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
рН	SAMPLE MEASUREMENT	****	*****	*****	7.27	*****	7.72	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	15	*****	15	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	1.6	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	.1585	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

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Michael` Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)745-4284		10/14/2016
TYPED OR PRINTED	and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

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QUINCY, MA 02169

LC

DMR Mailing ZIP CODE:

CODE:

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	C	DUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	****	****	79.31	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3.5	5	MGD	*****	****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
Н	SAMPLE MEASUREMENT	*****	*****	*****	7.62	****	7.62	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	Grab

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel peroperly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	HONE	DATE
	Michael Glinski/ Regulatory Affairs	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)74	5-4284	10/14/2016
į	TYPED OR PRINTED	ane and imprisonment of knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

02169

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

CODE:

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	O	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	SIS TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	76.54	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.5	2.5	MGD	*****	*****	****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.58	*****	7.58	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	DATE	
Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)745-4284		11/15/2016
TYPED OR PRINTED	and imprisonment of knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	75.32	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.81	*****	7.81	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	DATE	
Michael Glinski/ Regulatory Affairs	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)74	5-4284	12/06/2016
TYPED OR PRINTED	and imprisonment of knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA000	04073	Г	001-A
PERMIT I	NUMBER		DISCHARGE NUMBER
	MONIT	ORII	NG PERIOD
MM/E	DD/YYYY]	MM/DD/YYYY
10/0	1/2016	1	12/31/2016

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E) STORMWATER External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	lG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	.00144	.072	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
рН	SAMPLE MEASUREMENT	****	****	*****	6.6	*****	6.6	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	0	*****	0	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.11	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	.0596	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personed personerly adher and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	DATE	
Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)745-4284)1/16/2017
TYPED OR PRINTED	une and imprisorment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	73.98	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.78	*****	7.78	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel wroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	HONE	DATE
Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am laware that there are significant penalties for submitting false information, including the possibility of	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)74)1/16/2017	
TYPED OR PRINTED	fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street QUINCY, MA 02169

TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

FACILITY:

QUINCY, MA 02169

MA0004073 003-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 01/31/2017 01/01/2017

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	79.82	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3.5	5	MGD	*****	*****	****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.5	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	DATE	
Michael Glinski/ Regulatory Affairs	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)745-4284)2/15/2017
TYPED OR PRINTED	pine and imprisorment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street QUINCY, MA 02169

TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

FACILITY:

QUINCY, MA 02169

MA0004073 003-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 02/28/2017 02/01/2017

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	82.08	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.41	*****	7.41	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEPI	HONE	DATE
	Monager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)74	5-4284)3/13/2017
ĺ	TYPED OR PRINTED	and improdument to knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 01/01/2017 03/31/2017

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E) STORMWATER External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	0, ==
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	.00432	.036	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	*****	*****		Quarterly	Estimate
рН	SAMPLE MEASUREMENT	****	****	*****	7.29	****	8.2	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	27	*****	27	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****	****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.3	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.09643	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEPI	DATE	
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41	3-5815)6/15/2017
TYPED OR PRINTED	and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

This report is late due to access issues that required CDX and EPA to correct within the CDX NetDMR systems. These issues were corrected on June 15, 2017. TRT is attempting to file all back reports with 24hrs of the system being opened back up for access.

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

02169

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

MA0004073 003-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 03/01/2017 03/31/2017

DMR Mailing ZIP CODE:

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	C	DUALITY OR CON	CENTRATION	_	NO.	·	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX		TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	****	****	77.05	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.5	5	MGD	*****	****	****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	****	****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	****	*****	7.63	****	7.63	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	DATE	
Monager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41	3-5815)6/15/2017
TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	O	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	80.35	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.5	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.62	*****	7.62	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	HONE	DATE
	Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41	3-5815)6/15/2017
ĺ	TYPED OR PRINTED	and improdument to knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

02169

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

CODE:

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	79.98	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.5	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.63	*****	7.63	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	DATE
Michael Glinski/ Regulatory Affairs	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41)6/15/2017
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street QUINCY, MA 02169

TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

FACILITY:

QUINCY, MA 02169

MA0004073 001-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 04/01/2017 06/30/2017

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E) STORMWATER External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	NTITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	.00288	.0216	MGD	*****	*****	****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	****	*****		Quarterly	Estimate
рН	SAMPLE MEASUREMENT	****	*****	*****	7.4	*****	7.4	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	0	*****	0	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.62	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.0751	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	DATE	
Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41)7/14/2017	
TYPED OR PRINTED	ente and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

g ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

	QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER	2		VALUE VALUE UNITS		VALUE	VALUE VALUE VALUE		UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	84.56	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3.5	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.4	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEP	HONE	DATE
Michael Glinski/ Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815)7/14/2017
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	C	DUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	****	****	84.36	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	4	5	MGD	*****	****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	****	****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	****	*****	7.81	****	7.81	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEPI	DATE	
Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41)8/15/2017	
TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	83.78	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3.5	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.27	*****	7.27	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	HONE	DATE
Monager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	3-5815)9/13/2017	
TYPED OR PRINTED	and imprisonment of knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

02169

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	09/30/2017

DMR Mailing ZIP CODE:

MINOR
(SUBR E)
STORMWATER
External Outfall

No Discharge

		QUAN	NTITY OR LOADIN	lG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	.00144	.0216	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Quarterly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.5	****	7.5	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	0	****	0	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	4.6	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	24	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	****	****	.1805	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified persons persons properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	HONE	DATE
Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)413-5815		10/13/2017
TYPED OR PRINTED	and imprisonment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	O	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	85.3	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	4	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.4	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel wroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	HONE	DATE
Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41	3-5815	10/13/2017
TYPED OR PRINTED	pine and imprisorment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	79.26	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.5	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEPI	HONE	DATE
Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41	3-5815	11/15/2017
TYPED OR PRINTED	and and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	С	DUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	84.83	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1	3.86	MGD	*****	****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
Н	SAMPLE MEASUREMENT	*****	*****	****	7.24	****	7.24	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel wroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	DATE	
Monager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41	3-5815	12/14/2017
TYPED OR PRINTED	pine and imprisorment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

QUINCY, MA 02169

MA0004073 001-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/31/2017 10/01/2017

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E) STORMWATER External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	NG	0	UALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	.0054	.216	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
рН	SAMPLE MEASUREMENT	*****	****	*****	7.5	****	7.5	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	0	****	0	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****	****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	1.1	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	.0519	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	HONE	DATE
Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41	3-5815)1/11/2018
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

003-A

MM/DD/YYYY

12/31/2017

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY 12/01/2017

MA0004073

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	81.08	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1	3	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.55	*****	7.55	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

L		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel wroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	HONE	DATE
	Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41	3-5815)1/11/2018
Ĺ	TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	O	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	61.5	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.55	*****	7.55	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	HONE	DATE
Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41	3-5815)2/12/2018
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	O	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	80.28	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	.0079	2.55	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.19	*****	7.19	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEPI	HONE	DATE
Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41)3/15/2018	
TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073 001-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 03/31/2018 01/01/2018

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E) STORMWATER

External Outfall

No Discharge

		AUD	NTITY OR LOADIN	NG		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	.000001	.000015	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.7	*****	7.7	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	0	*****	0	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	4	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	2462	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	HONE	DATE
Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41	3-5815)4/13/2018
TYPED OR PRINTED	and any management for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street QUINCY, MA 02169

TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

FACILITY:

QUINCY, MA 02169

MA0004073 003-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 03/31/2018 03/01/2018

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	C	DUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	****	****	80.28	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2	3.5	MGD	*****	****	****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	****	****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	****	*****	7.49	****	7.49	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41	3-5815)4/13/2018
TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	O	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	80.82	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.95	3.4	MGD	*****	*****	****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.62	*****	7.62	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	HONE	DATE
Michael Glinski/ Regulatory Affairs	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41	3-5815)5/16/2018
TYPED OR PRINTED	and imprisonment of knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	63	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3	5	MGD	*****	*****	****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.37	*****	7.37	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	HONE	DATE
Monager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41	3-5815)6/13/2018
TYPED OR PRINTED	pine and imprisorment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	06/30/2018

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E) STORMWATER External Outfall

No Discharge

		QUAN	NTITY OR LOADIN	lG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	.000001	.000016	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
рН	SAMPLE MEASUREMENT	*****	****	*****	7.1	****	7.1	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	0	*****	0	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	2.8	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.1086	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel peroperly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEPI	HONE	DATE
Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)413-5815)7/16/2018
TYPED OR PRINTED	ente and improviment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	70.11	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3.06	3.97	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.11	*****	7.11	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	HONE	DATE
Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41	3-5815)7/16/2018
TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

MA0004073 003-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 07/01/2018 07/31/2018

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	O	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	170	deg F	1	Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.51	90.18	MGD	*****	*****	*****	*****	1	Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
Н	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.3	SU	1	Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

L		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEPH	HONE	DATE
	Monager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)413-5815)8/24/2018
	TYPED OR PRINTED	and improdument of knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TRT experience a probe failure in the monitoring system that recorded the maximum values for flow and temperature during the month of July and continuing into August 2018. The reported temperatures and flows are not the actual flows. TRT is working to replace the meters and flow that are recording inaccurate data. Prior to the equipment failure the max temperature was:74.78F and the max flow rate was:2.409MGD

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

illig ZIP CODE.

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	80.67	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	4.23	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.21	*****	7.21	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified person properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	HONE	DATE
Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41	3-5815)9/17/2018
TYPED OR PRINTED	and and imprisonment for knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

02169

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
	1
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE:

MINOR
(SUBR E)
STORMWATER
External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	lG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	.00072	.0072	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
рН	SAMPLE MEASUREMENT	****	*****	*****	7.5	*****	7.5	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	2.1	*****	21	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	****	*****	****	****	2.2	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	.182	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEP	DATE	
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)413-5815		10/15/2018
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street QUINCY, MA 02169

TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

FACILITY:

QUINCY, MA 02169

MA0004073 003-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 09/30/2018 09/01/2018

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	83.7	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.61	3.42	MGD	*****	*****	****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.53	*****	7.53	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	HONE	DATE
Michael Glinski/ Regulatory Affairs	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41	3-5815	10/15/2018
TYPED OR PRINTED	pine and imprisorment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

02169

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

D

-

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	****	*****	78.92	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.86	3.78	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.37	*****	7.37	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	HONE	DATE
Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41	3-5815	11/15/2018
TYPED OR PRINTED	ane and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

02169

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

MA0004073 003-A

PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

MM/DD/YYYY

 MM/DD/YYYY
 MM/DD/YYYY

 11/01/2018
 11/30/2018

DMR Mailing ZIP CODE:

MINOR

(SUBR E)

External Outfall

alling ZIP CODE:

NON-CONTACT COOLING

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	Q	DUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	74.45	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.479	3.425	MGD	*****	****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	****	****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	****	****	*****	7.21	*****	7.21	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEPI	HONE	DATE
Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41	3-5815	12/13/2018
TYPED OR PRINTED	fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

QUINCY, MA 02169

MA0004073 001-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/31/2018 10/01/2018

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E) STORMWATER

External Outfall

No Discharge

		AUD	ITITY OR LOADIN	IG	0	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	.000016	.0072	MGD	*****	****	****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	*****	*****		Quarterly	Estimate
рН	SAMPLE MEASUREMENT	****	*****	*****	7.37	****	7.8	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	0	****	0	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	.12	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	****	.06253	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEPI	HONE	DATE
Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41	3-5815)1/15/2019
TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

003-A

DISCHARGE NUMBER

MM/DD/YYYY

12/31/2018

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

PERMIT NUMBER

DISCHAI

MONITORING PERIOD

MM/DD/YYYY

MI

12/01/2018

1:

MA0004073

DMR Mailing ZIP CODE:

:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	C	DUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	****	****	65.67	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.65	3.57	MGD	*****	****	****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	****	****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	****	*****	7.16	****	7.16	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified person properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	HONE	DATE
Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41	3-5815)1/15/2019
TYPED OR PRINTED	and and imprisonment for knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	O	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	67.24	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.9	3.77	MGD	*****	*****	****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	****	*****	****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.99	*****	7.99	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	HONE	DATE
Michael Glinski/ Regulatory Affairs	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41	3-5815)2/15/2019
TYPED OR PRINTED	and imprisonment of knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

PE

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	O	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	70.69	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3.302	1.715	MGD	*****	*****	****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.98	*****	7.98	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	HONE	DATE
Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41	3-5815)3/18/2019
TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	\sqcap	001-A
PERMIT NUMBER	\square [DISCHARGE NUMBER
МО	NITOF	RING PERIOD
MM/DD/YYYY		MM/DD/YYYY
01/01/2019		03/31/2019

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E) STORMWATER External Outfall

No Discharge

		QUAN	NTITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	.00036	.0216	MGD	*****	****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
рН	SAMPLE MEASUREMENT	*****	****	*****	6.9	****	7.63	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	5.9	*****	5.9	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	85	mg/L	1	Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.3	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.4577	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	HONE	DATE
Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41	3-5815)4/12/2019
TYPED OR PRINTED	and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The FOG sample was taken during a minimal flow event. There were no observed issues at the time in the collection area during the sampling that would lead to an elevated FOG. TRT is planning on resampling this area during the next expected rainfall event (4/12/19) to insure that there is no ongoing issue and to show compliance under the permit.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

MA0004073 003-A
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY MM/DD/YYYY

03/31/2019

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	66.56	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.803	3.785	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	****	8.02	*****	8.02	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

03/01/2019

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	HONE	DATE
Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41	3-5815)4/12/2019
TYPED OR PRINTED	ane and improviment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

003-A

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street QUINCY, MA 02169

Q011401, W/X 02 107

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC **LOCATION:** 780 WASHINGTON ST

QUINCY, MA 02169

PERMIT NUMBER

MONITORING PERIOD

MM/DD/YYYY

04/01/2019

DISCHARGE NUMBER

MM/DD/YYYY

04/30/2019

MA0004073

DMR Mailing ZIP CODE:

Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	69.89	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.0917	4.097	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.68	*****	7.68	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	HONE	DATE
Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41	3-5815)5/16/2019
TYPED OR PRINTED	ane and improviment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	63.77	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.076	3.021	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.59	*****	7.59	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)413-5815)6/17/2019
TYPED OR PRINTED	pine and imprisorment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

02169

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073		001-A
PERMIT NUMBER		DISCHARGE NUMBER
M	ONITOR	RING PERIOD
MM/DD/YYYY		MM/DD/YYYY
04/01/2019		06/30/2019

DMR Mailing ZIP CODE:

MINOR (SUBR E) STORMWATER External Outfall

No Discharge

		QUAN	NTITY OR LOADIN	lG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	.000016	.0072	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
pH	SAMPLE MEASUREMENT	****	*****	*****	6.7	*****	6.7	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	5.4	*****	5.4	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.7	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.08839	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel wroperly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	HONE	DATE
Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41)7/15/2019	
TYPED OR PRINTED	and improdument to knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY:

LOCATION:

TWIN RIVERS TECHNOLOGIES, QUINCY, LLC 780 WASHINGTON ST QUINCY, MA 02169

MA0004073 003-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 06/01/2019 06/30/2019

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	****	68.06	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.214	3.1073	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.66	*****	7.66	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41	3-5815)7/15/2019
TYPED OR PRINTED	ane and improviment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

02169

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

MA0004073 003-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 07/31/2019 07/01/2019

DMR Mailing ZIP CODE:

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	70.03	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.945	4.61	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.39	*****	7.39	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41	3-5815)8/15/2019
TYPED OR PRINTED	fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	69.89	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3.384	5.612	MGD	*****	*****	*****	*****	1	Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.83	*****	7.83	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

L		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPI	DATE	
	Monager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)413-5815)9/17/2019
	TYPED OR PRINTED	and improdument of knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The Daily Maximum flow rate limit was exceeded between August 16 and 18, 2019. The flow rate increased beyond the 5MGD threshold due to engineering efforts the pumping system. During this evolution, the controls that limit flow (based on temperature of the discharge) were disabled allowing the pumps to run to full capacity. After this was recognized the controls were returned to their original position. During the entire event the temperature of the discharge never exceeded 70F.

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

MA0004073 001-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 09/30/2019 07/01/2019

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E) STORMWATER External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	.00072	.0072	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
рН	SAMPLE MEASUREMENT	****	****	*****	7.55	****	7.55	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	24	*****	24	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	28	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.2174	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personed personerly adher and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	DATE	
Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)413-5815		10/16/2019
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

02169

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

ing ZIP CODE:

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	T EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	74.82	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.404	4.7499	MGD	*****	*****	****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.3	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)413-5815		10/16/2019
		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	69.2	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.72	4.88	MGD	*****	*****	****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.61	*****	7.61	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	HONE	DATE
Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41	11/15/2019	
TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code NUMBER		MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	66.93	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.829	3.162	MGD	*****	*****	****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.55	*****	7.55	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	HONE	DATE
Michael Glinski/ Regulatory Affairs	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41	3-5815	12/13/2019
TYPED OR PRINTED	and imprisonment of knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

QUINCY, MA 02169

MA0004073 001-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/31/2019 10/01/2019

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E) STORMWATER External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	.0000141	.00072	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
Н	SAMPLE MEASUREMENT	****	****	*****	7.5	*****	7.5	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	0	****	0	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	****	****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	****	*****	****	****	3.3	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	****	.04306	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	DATE	
Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41	3-5815)1/14/2020
TYPED OR PRINTED	ne and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

003-A

Form Approved
OMB No. 2040-0004

02169

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 12/01/2019
 12/31/2019

MA0004073

DMR Mailing ZIP CODE:

DE:

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	64.08	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	.974	3.81179	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.81	*****	7.81	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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	Monager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)413-5815)1/14/2020
į	TYPED OR PRINTED	ane and imprisonment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street QUINCY, MA 02169

TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

FACILITY:

QUINCY, MA 02169

MA0004073 003-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 01/01/2020 01/31/2020

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	O	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	64.08	deg F		Instantaneous	Continuous
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	.974	3.12	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.96	*****	7.96	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am a law that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41	3-5815)2/14/2020
TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

On Jan 18-19, and 23-24 the temperature monitor at the 003 discharge failed, repaired and returned to service.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	62.41	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.577	3.8692	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.9	*****	7.9	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41)3/18/2020	
TYPED OR PRINTED	ane and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code NUMBE		MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

02169

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NAME: TWIN RIVERS TECHNOLOGIES, L.P.

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FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	001-A									
PERMIT NUMBER	DISCHARGE NUMBER									
MONIT	MONITORING PERIOD									
MM/DD/YYYY	MM/DD/YYYY									
01/01/2020	03/31/2020									

DMR Mailing ZIP CODE:

MINOR (SUBR E) STORMWATER External Outfall

No	Discharge	
----	-----------	--

		QUAN	NTITY OR LOADIN	1G	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	.0108	.0216	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	*****	*****		Quarterly	Estimate
рН	SAMPLE MEASUREMENT	****	****	*****	7.4	****	7.4	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	53	*****	53	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	****	****	.07424	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel peroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	HONE	DATE
Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41	3-5815)4/15/2020
TYPED OR PRINTED	and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

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QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	71.44	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.505	3.8741	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	8.02	*****	8.02	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41	3-5815)4/23/2020
TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	C	DUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	83.73	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.874	3.9203	MGD	*****	****	****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	****	*****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	****	****	7.63	****	7.63	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41	3-5815)5/14/2020
TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	74.13	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.258	3.9854	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.81	*****	7.81	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel peroperly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	HONE	DATE
	Michael Glinski/ Regulatory Affairs	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	Michael Glinski (617)413-5815 26/15/2020		
į	TYPED OR PRINTED	ane and imprisonment of knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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ADDRESS: 780 WASHINGTON Street

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FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

Γ	MA0004073	ſ	001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	OR	RING PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	04/01/2020	7	06/30/2020

DMR Mailing ZIP CODE:

MINOR (SUBR E) STORMWATER External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					O. FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	.0024	.0072	MGD	*****	****	****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	*****	*****		Quarterly	Estimate
рН	SAMPLE MEASUREMENT	****	*****	*****	7.4	*****	7.4	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	16	*****	16	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	3	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	.1365	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified persons persons before and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	HONE	DATE
Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41	3-5815)7/15/2020
TYPED OR PRINTED	une and imprisorment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street **QUINCY, MA 02169**

TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

FACILITY:

Hal

00400 1 0

Effluent Gross

QUINCY, MA 02169

MA0004073 003-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 06/01/2020 06/30/2020

6.5

MINIMUM

DMR Mailing ZIP CODE:

02169

Monthly

Monthly

Grab

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

SU

8.5

MAXIMUM

No Discharge

QUANTITY OR LOADING QUALITY OR CONCENTRATION NO. FREQUENCY SAMPLE OF ANALYSIS EX TYPE **PARAMETER VALUE** UNITS **VALUE** UNITS VALUE VALUE VALUE ***** ***** SAMPLE Temperature, water deg. fahrenheit 91.4 deg F Continuous Recorder MEASUREMENT (auto) PERMIT ***** ***** ***** ***** ***** 00011 1 0 87 Recorder deg F Continuous REQUIREMENT **Effluent Gross** DAILY MX (auto) SAMPLE ***** ***** ***** 3.169 4.6959 MGD Estimate Flow rate Monthly MEASUREMENT ***** ***** ***** ***** 00056 1 0 **PERMIT** 5 5 MGD Monthly Estimate REQUIREMENT **Effluent Gross** MO AVG **DAILY MX** ***** SAMPLE ***** 7.45 7.45 SU Grab

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel peroperly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	HONE	DATE
	Michael Glinski/ Regulatory Affairs	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41	3-5815)7/15/2020
į	TYPED OR PRINTED	ane and imprisonment of knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

MEASUREMENT PERMIT

REQUIREMENT

The high temperature limit was exceeded on 6/29/2020 between 11AM and 12PM. During this time the discharge temperature reached 91.4F. During this time the flow rate dropped to .7698mgd. This is the likely cause of the exceedance since if even the average system flow rate of 3.1mgd was maintained the flow would have been more than sufficient to provide proper cooling and protect the maximum discharge limit. TRT is conducting an investigation to ascertain what exactly may have been the root cause of this incident.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

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LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

MA0004073 003-A
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY MM/DD/YYYY

07/31/2020

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	87.58	deg F	1	Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.007	4.6609	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.45	*****	7.45	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

07/01/2020

L		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEPI	HONE	DATE
	Michael Glinski/ Regulatory Affairs	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41	3-5815)8/14/2020
	TYPED OR PRINTED	and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The temperature exceedance was found to be the result of the alarm / controls on the pump being turned off during a system inspection evolution and not being turned by on. This is the same issue that caused the 6/29/20 excursion found on 7/14/20. Please note that this excursion lasted approximately 1 hour and the flow rate at the time was across the system were 1.45 -1.48MGD.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	87.85	deg F	1	Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3.212	4.6632	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.12	*****	7.12	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41	3-5815)9/16/2020
TYPED OR PRINTED	ane are imprisorment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The temperature went over the discharge limit on 8/05 by .85F.

DISCHARGE MONITORING REPORT (DMR)

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QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

Г	MA0004073	Γ	001-A
	PERMIT NUMBER		DISCHARGE NUMBER
ĺ	MONIT	OR	RING PERIOD
	MM/DD/YYYY	7	MM/DD/YYYY
	07/01/2020	7	09/30/2020

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E) STORMWATER External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	c	QUALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	.0018	.0072	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
рН	SAMPLE MEASUREMENT	*****	****	*****	6.78	****	7.3	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	39	*****	39	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.7	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	.1311	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified persons persons persons in the person or persons.	Michael Glinski	TELEP	HONE	DATE
Michael Glinski/ Regulatory Affairs Manager	ritfy under penalty of law that this document and all attachments were prepared under my section or supervision in accordance with a system designed to assure that qualified personnel perly gather and evaluate the information submitted. Based on my inquiry of the person or persons or manage the system, or those persons directly responsible for gathering the information, the winding submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am are that there are significant penalties for submitting false information, including the possibility of and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41	3-5815	10/15/2020
TYPED OR PRINTED	ente and improviment for retorning violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	C	DUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	****	****	88.44	deg F	1	Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.368	4.5231	MGD	*****	****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	****	****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	****	*****	7.12	****	7.12	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

	Lecrify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	HONE	DATE
Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41	3-5815	10/15/2020
TYPED OR PRINTED	white and imprisonment of knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

On September 17, 2020 the system exceeded the discharge limit for approximately 3 hours. During this time the discharge temperature was between 87.15F and 88.44F. Additionally, during that time the flow rates ranged respectively from 1.115 MGD to .9440 MGD indicating a lack of flow to provide cooling to the system. This issue is being worked on by TRT's Engineering Dept. and should be resolved in the near future.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	86.09	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	.0565	3.0241	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	****	*****	*****	7.22	*****	7.22	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	HONE	DATE
Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41	3-5815	11/13/2020
TYPED OR PRINTED	ane and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	84.62	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.381	2.8299	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.89	*****	6.89	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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TYPED OR PRINTED	and any inproduit of knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

	MA0004073		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORI	NG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
Γ	10/01/2020	7	12/31/2020

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E) STORMWATER

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	NG	C	QUALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	.00192	.00576	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	****	*****		Quarterly	Estimate
рН	SAMPLE MEASUREMENT	****	****	*****	7.6	*****	7.6	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	NODI B	*****	NODI B				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI B				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	3.3	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	.04306	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

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	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41	3-5815)1/15/2021
TYPED OR PRINTED	and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

003-A

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

12/01/2020

12/31/2020

MA0004073

DMR Mailing ZIP CODE:

P CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	O	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	72.86	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	.484	.81	MGD	*****	*****	****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.91	*****	7.91	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	HONE	DATE
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TYPED OR PRINTED	and and improdument for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

MA0004073 003-A
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY MM/DD/YYYY

01/31/2021

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	78.58	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.41	3.1011	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
Н	SAMPLE MEASUREMENT	*****	*****	*****	7.65	*****	7.65	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

01/01/2021

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	HONE	DATE
Michael Glinski/ Regulatory Affairs	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41	3-5815)2/16/2021
TYPED OR PRINTED	ane are imprisorment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

003-A

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 02/28/2021 02/01/2021

MA0004073

DMR Mailing ZIP CODE:

02169

(SUBR E)

NON-CONTACT COOLING

External Outfall

MINOR

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	78.14	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	.602	3.278	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	****	*****	*****	7.62	*****	7.62	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEPI	HONE	DATE
Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41	3-5815)3/15/2021
TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONI	TORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
01/01/2021	03/31/2021

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E) STORMWATER

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	NG	c	DUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	.00141	.0144	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
рН	SAMPLE MEASUREMENT	*****	****	*****	7.2	****	7.2	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	0	*****	0	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	.12	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	.04116	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

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Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of Life and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41)4/15/2021	
TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

02169

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

MINOR

(SUBR E)

ZIP CODE:

_

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	86.64	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.143	3.5113	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.69	*****	7.69	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41)4/15/2021	
TYPED OR PRINTED	and imprisonment of knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

00400 1 0

Effluent Gross

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

QUINCY, MA 02169

MA0004073 003-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 04/01/2021 04/30/2021

6.5

MINIMUM

8.5

MAXIMUM

DMR Mailing ZIP CODE:

02169

Monthly

Grab

MINOR (SUBR E)

NON-CONTACT COOLING

SU

External Outfall

No Discharge

QUANTITY OR LOADING QUALITY OR CONCENTRATION NO. FREQUENCY SAMPLE OF ANALYSIS EX TYPE **PARAMETER** UNITS VALUE **VALUE** UNITS VALUE VALUE VALUE SAMPLE Temperature, water deg. fahrenheit 83.61 deg F Continuous Recorder MEASUREMENT (auto) PERMIT ***** ***** ***** ***** ***** 00011 1 0 87 deg F Continuous Recorder REQUIREMENT **Effluent Gross** DAILY MX (auto) SAMPLE ***** ***** ***** ***** 1.385 2.7812 MGD Monthly Estimate Flow rate MEASUREMENT ***** ***** ***** ***** 00056 1 0 **PERMIT** 5 5 MGD Monthly Estimate REQUIREMENT **Effluent Gross** MO AVG DAILY MX ***** SAMPLE ***** Ha 7.43 7.43 SU Monthly Grab MEASUREMENT

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	HONE	DATE
Michael Glinski/ Regulatory Affairs	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of life and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41)5/13/2021	
TYPED OR PRINTED	ane are imprisorment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMIT

REQUIREMENT

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

 MA0004073
 003-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 05/01/2021
 05/31/2021

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	83.42	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.182	4.726	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.31	*****	7.31	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am a law that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41)6/15/2021	
TYPED OR PRINTED	and improviment or thorning violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	001-A	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITO	ORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY	
04/01/2021	06/30/2021	

DMR Mailing ZIP CODE:

02169

(SUBR E) STORMWATER External Outfall

MINOR

No Discharge

		QUAI	NTITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	.00194	.0143	MGD	*****	****	****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	*****	*****		Quarterly	Estimate
рН	SAMPLE MEASUREMENT	****	*****	*****	7.6	*****	7.6	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	0	****	0	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	1.8	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.05065	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

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Monager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)413-5815)7/13/2021
TYPED OR PRINTED	une and imprisorment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

02169

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY:

LOCATION:

TWIN RIVERS TECHNOLOGIES, QUINCY, LLC 780 WASHINGTON ST QUINCY, MA 02169

MA0004073 003-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 06/30/2021 06/01/2021

DMR Mailing ZIP CODE:

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	O	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	83.71	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.463	4.6125	MGD	*****	*****	****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	****	*****	7.77	*****	7.77	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41	3-5815)7/13/2021
TYPED OR PRINTED	ane and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street QUINCY, MA 02169

TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

FACILITY:

QUINCY, MA 02169

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	85.93	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.542	3.6067	MGD	*****	*****	****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.61	*****	7.61	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

L		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	HONE	DATE
	Michael Glinski/ Regulatory Affairs	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41:	3-5815)8/17/2021
	TYPED OR PRINTED	and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	84.68	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.2	4.5246	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.61	*****	7.61	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified person proposed and the propos	Michael Glinski	TELEP	HONE	DATE
Monager	information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)413-5815)9/15/2021
TYPED OR PRINTED	pine and imprisorment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

QUINCY, MA 02169

MA0004073 001-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 09/30/2021 07/01/2021

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E) STORMWATER

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	NG	0	UALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	.00172	.0139	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
рН	SAMPLE MEASUREMENT	*****	****	*****	7.6	****	7.6	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	5.7	****	5.7	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****	****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	.14	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	5599	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	HONE	DATE
Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41	10/12/2021	
TYPED OR PRINTED	ente and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION:

780 WASHINGTON ST QUINCY, MA 02169

MA0004073 003-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 09/30/2021 09/01/2021

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	O	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	81.41	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.931	4.2954	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
Н	SAMPLE MEASUREMENT	*****	*****	*****	7.52	*****	7.53	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified person or persons or person or persons o	Michael Glinski	TELEP	HONE	DATE
Monager	information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41	3-5815	10/14/2021
TYPED OR PRINTED	pine and imprisorment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	O	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	78.27	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.185	3.7932	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
Н	SAMPLE MEASUREMENT	*****	*****	*****	7.8	*****	7.8	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified person or persons of the person or persons.	Michael Glinski	TELEPI	HONE	DATE
Michael Glinski/ Regulatory Affairs Manager	/ Affairs roperly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowling violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41	11/15/2021	
TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street **QUINCY, MA 02169**

TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

FACILITY:

00400 1 0

Effluent Gross

QUINCY, MA 02169

MA0004073 003-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 11/30/2021 11/01/2021

6.5

MINIMUM

8.5

MAXIMUM

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

SU

No Discharge

Monthly

Grab

QUANTITY OR LOADING QUALITY OR CONCENTRATION NO. FREQUENCY SAMPLE OF ANALYSIS EX TYPE **PARAMETER VALUE** UNITS VALUE UNITS VALUE VALUE VALUE SAMPLE Temperature, water deg. fahrenheit 75.45 deg F Continuous Recorder MEASUREMENT (auto) PERMIT ***** ***** ***** ***** ***** 00011 1 0 87 deg F Continuous Recorder REQUIREMENT **Effluent Gross** DAILY MX (auto) SAMPLE ***** ***** ***** ***** 1.586 2.5015 MGD Monthly Estimate Flow rate MEASUREMENT ***** ***** ***** ***** 00056 1 0 **PERMIT** 5 5 MGD Monthly Estimate REQUIREMENT **Effluent Gross** MO AVG DAILY MX ***** SAMPLE ***** Ha 7.11 7.11 SU Monthly Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41	3-5815	12/14/2021
TYPED OR PRINTED	and any management for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

MEASUREMENT PERMIT

REQUIREMENT

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

ZIP CODE: 02169

MINOR (SUBR E) STORMWATER External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	.0024	.0072	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Quarterly	Estimate
рН	SAMPLE MEASUREMENT	****	*****	*****	7	****	7	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	0	****	0	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****	****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	.19	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.068	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

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Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)413-5815)1/14/2022
TYPED OR PRINTED	une and imprisorment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

02169

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

ng ZIP CODE:

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				∐ NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	70.95	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.076	3.9296	MGD	*****	*****	****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.17	*****	7.17	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEPHONE		DATE
Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)413-5815)1/14/2022
TYPED OR PRINTED	and imprisonment of knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

 MA0004073
 003-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 01/01/2022
 01/31/2022

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	67.15	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.484	3.7572	MGD	*****	*****	****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.6	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

l .	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	DATE
Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41)2/15/2022
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

 MA0004073
 003-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 02/01/2022
 02/28/2022

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	80.01	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.052	3.973	MGD	*****	*****	****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.32	*****	7.32	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41	3-5815)3/15/2022
TYPED OR PRINTED	and improviment or thorning violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street QUINCY, MA 02169

TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

FACILITY:

QUINCY, MA 02169

MA0004073 001-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 03/31/2022 01/01/2022

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E) STORMWATER External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	NTITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	.0003	.006	MGD	*****	****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Quarterly	Estimate
рН	SAMPLE MEASUREMENT	****	****	*****	7.3	****	7.64	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	0	****	0	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****	****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	.49	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	.09057	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	DATE	
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41	3-5815)4/12/2022
TYPED OR PRINTED	ине ана търгосителя тог кночиту ченавело.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

02169

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

MINOR

(SUBR E)

aning ZIP CODE.

NON-CONTACT COOLING
External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	70.95	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.343	4.983	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.51	*****	7.51	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41)4/12/2022	
TYPED OR PRINTED	and and improdument for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	75.525	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.477	3.8925	MGD	*****	*****	****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.51	*****	7.51	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)413-5815)5/16/2022
TYPED OR PRINTED	and any inproduit of knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	90	deg F	1	Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.88	4.902	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.63	*****	7.63	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel wroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	DATE	
Monager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41)6/15/2022	
TYPED OR PRINTED	ane and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The high temp was recorded on 5/5/22 during a maintenance outage with 0 gpm flow rate. The temperature monitor may have been directly exposed to the sunlight during that period and on a dry surface.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

DMR Mailing ZIP CODE:

ZIP CODE: 02169

MINOR
(SUBR E)
STORMWATER
External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	.0003	.006	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
pH	SAMPLE MEASUREMENT	****	*****	*****	7.7	****	7.7	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	5.5	*****	5.5	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.5	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.07533	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41	3-5815)7/14/2022
TYPED OR PRINTED	and and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
06/01/2022	06/30/2022

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	O	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	87.1	deg F	1	Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.97	4.15	MGD	*****	*****	****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	****	*****	7.39	*****	7.39	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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	Monager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)413-5815)7/15/2022
Ī	TYPED OR PRINTED	fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The 003 discharge was over the 87F limit by .1 degree or less on June 26 and 28.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

02169

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

CODE:

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	C	DUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	****	84.65	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.48	4.76	MGD	*****	****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	****	6.98	****	6.98	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41)8/16/2022	
TYPED OR PRINTED	ane and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

 MA0004073
 003-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 08/01/2022
 08/31/2022

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	84.93	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.91	4.0991	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.49	*****	7.49	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41)9/15/2022	
TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

001-A

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

PERMIT NUMBER

MONITORING PERIOD

MM/DD/YYYY

07/01/2022

DISCHARGE NUMBER

MM/DD/YYYY

09/30/2022

MA0004073

DMR Mailing ZIP CODE:

ZIP CODE: 02169

MINOR (SUBR E) STORMWATER External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	NTITY OR LOADIN	IG		QUALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	.0432	.0144	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
рН	SAMPLE MEASUREMENT	****	****	*****	7.2	****	7.2	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	33	*****	33	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.99	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.1648	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	HONE	DATE
Michael Glinski/ Regulatory Affairs Manager	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41	10/14/2022	
TYPED OR PRINTED	une and imprisorment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

DMR Mailing ZIP CODE:

ZIP CODE: 02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	97.662	deg F	1	Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.02	3.158	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
Н	SAMPLE MEASUREMENT	*****	*****	*****	7.69	*****	7.69	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Managar	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)413-5815		10/14/2022
TYPED OR PRINTED	and improdument to knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

It appears on 9/14/22 the flow at the discharge dropped to .6386 MGD for about 1 - 2 minutes resulting in an elevated temperature. the reading prior to this one was 78.81F at a flow rate of 2.797MGD and the reading following was 78.97F at a flow rate of 78.94MGD. We are investigating why there was an instantaneous drop in flowrate.

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

MA0004073 003-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/01/2022 10/31/2022

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	80.33	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.15	4	MGD	*****	****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.41	****	7.41	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	Grab

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	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)413-5815		11/15/2022
TYPED OR PRINTED	and and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

02169

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

MA0004073 003-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 11/30/2022 11/01/2022

DMR Mailing ZIP CODE:

MINOR

(SUBR E) NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	O	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	80.83	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.23	3.22	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
Н	SAMPLE MEASUREMENT	*****	*****	*****	7.64	*****	7.64	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel peroperly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Michael Glinski	TELEP	DATE	
Michael Glinski/ Regulatory Affairs	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)41	3-5815	12/15/2022
TYPED OR PRINTED	ane are imprisorment to knowing violatoris.	AUTHORIZED AGENT	AREA Code		MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

QUINCY, MA 02169

MA0004073 001-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/31/2022 10/01/2022

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E) STORMWATER External Outfall

No Discharge

		QUAI	ITITY OR LOADIN	IG	C	QUALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT				*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
рН	SAMPLE MEASUREMENT	*****	****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****	*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****					
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	*****					
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons		TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and improviment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street

QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST

QUINCY, MA 02169

 MA0004073
 003-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 12/01/2022
 12/31/2022

DMR Mailing ZIP CODE:

02169

MINOR (SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

		QUAN	ITITY OR LOADIN	IG	O	UALITY OR CON	CENTRATION		NO.	·	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	[EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	*****					
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT				*****	*****	****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	****	*****		Monthly	Estimate
рН	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	unic and imprisorment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY